MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 10/630,826 | FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
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28		4				
29		4				
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32						
33						
34	1		1			
35		1		1		
36		4		1		
37		1		1		
38		1		1		
39		1		1		
40		1		1		
41		1		1		
42		1		1		
43		1		1		
44		1		1		
45		1		1		
46		1		1		
47		1		1		
48		1		1		
49		1		1		
50		2		2		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51		2		2		
52		1		1		
53		1		1		
54		1		1		
55		1		1		
56		1		1		
57		1		1		
58		1		1		
59		1		1		
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97						
98						
99						
100						
TOTAL IND.	1		1			
TOTAL DEP.	32		32			
TOTAL CLAIMS	33		33			